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APR 06 2005

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29956 7590 01/26/2005

**TIMOTHY P. O'HAGAN**  
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04/07/2005 DEMMANU2 00000094 10726804

01 FC:2501 700.00 DP  
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<i>Timothy P. O'Hagan</i>	(Depositor's name)
<i>Jill P. O'Hagan</i>	(Signature)
3-31-05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/726,804	12/03/2003	Adam DeWain Watson	AW-001	4110

TITLE OF INVENTION: JOINT COMPOUND SANDER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$700	\$300	\$1000	04/26/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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MORGAN, EILEEN P	3723	451-356000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 <i>Timothy P. O'Hagan</i>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 _____
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	3 _____

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(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Authorized Signature *Timothy P. O'Hagan*

Date 3-31-05

Typed or printed name *Timothy P. O'Hagan*

Registration No. 39,319

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